

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> <i>(Fees pursuant to the Consolidated Appropriations act, 2005 (H.R. 4818).)</i>		Docket No. <b>A-6307</b>																								
Application Number: <b>09475696</b>	Filed: <b>December 30, 1999</b>																									
For: <b>Mechanism and Apparatus for Encapsulation of Entitlement Authorization in Conditional Access System</b>																										
Art Unit: <b>2135</b>	Examiner: <b>Pich, Ponnoreay</b>																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fees</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity</u> <u>Fees</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;"><b><u>\$120.00</u></b></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;">\$_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in fees which may be required, or credit any overpayment to Deposit Account No. 20-0778.</p>				<u>Fees</u>	<u>Small Entity</u> <u>Fees</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<b><u>\$120.00</u></b>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$_____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$_____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$_____
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<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number:</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: <b>47,034</b></p>																										
<div style="border-top: 1px solid black; width: 100%; margin-bottom: 5px;"></div> / dr / <div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"></div> <b>David Rodack</b>	<div style="border-top: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <b>April 14, 2008</b> Date <div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"></div> <b>770-933-9500</b> Telephone Number																									